L	Under the Paperwo	ENT API	PLICAT 80	TION FEE	DE	TERMINA PTO-875	TI	ON RECO	ORD	Hormation	i unios	No.	rough 7/31/ DEPARTM plays a velid loadion or Do	OM	OF COMM B'control no Number
	A	PPLICATI	SA NO	FILED - P	ART	[(Column-2)			WALL	ENTITY		OR	0	THE	RTHAN
E	FOR BASIC FEE		NUMBER FILED		NUMBER EXTRA			RATE (1)		FEE (1)			SMALL ENT		7
8 .	77 OFR 1.16(a), (b), or (c) EARCH FEE 17 OFR 1.16(k), (f), or (m)	7	,			· ·	-				\Box		18/15	•/	710
P	XAMINATION FEE 7 OFR 1.16(o), (p), or (q		·····				-			ļ					
0	OTAL CLAIMS 7 CER 1.16(1)) DEPENDENT CLAIM		5 minu	is 20 a	•		7	x	-		\dashv	OR	×/8		
3	7 CFR 1.16(h))			us 3 = •		s exceed 100		. ×	-		7	UK	× \$(1)	=	
Έ	PPLICATION SIZE E CFR 1.16(s))	is \$250	of paper (\$125 fo ral 50 sh	, the applica x small entit sets or fract	tion y) fo	size fee due or each			.					1	
(U	ILTIPLE DEPENDEN	35 0.8	C. 41(8)	(1)(G) and 3	7 CI	FR 1.16(s).	1	ļ	\dashv		4	1	250	1	
	the difference in colu				lumn	12	J	TOTAL	╬		-	K	270	-	AN C
//	1-1200	Column 1)	AMEN	DED - PAF		(Cotumn 3)		SMAL	L EN	πιγ	ہ۔	R	OTHE	L Ř T	770 Hạn
	Total A	CLAIMS EMAINING AFTER MENDMENT	Ations	HIGHES NUMBER PREVIOUS PAID FOI	i KY	PRESENT EXTRA		-RATE (\$)	1 1	ADDI- TIONAL FEE (\$)		F	SMALI RATE (\$)	T.	ADDI:
	(37 CFR L197) Independent (37 CFR 1.16)()	3	Minus Minus	120		2		x ·	ŀ	· .	OR	. x	50 -	十	FEE (\$)
l	Application Size Fee		6(s))	1		<u> </u>	-	х :	┵	·	OR	×	300 =		
	FIRST PRESENTATION	OF WULTIPLE	DEPENDE	ENT CLAIM , (3	7.CFE	R 1.16(J)	I		1		OR	12	20	\vdash	
		•				· .	•	TOTAL ADD'L FEE	L	·	OR		TAL O'L FEE	-	
Γ	1 1 0	ALAIMS	· · · · · · · · · · · · · · · · · · ·	(Column :	2)	(Column 3)	r			· · · · ·			<u> </u>		
L	WWW AME	MAINING UFTER ENDMENT	Minus	PREVIOUSL PAID FOR	1	PRESENT EXTRA		RATE (\$)	[T	ONAL EE (\$)		F	ATE (\$) .	T	ADOH- IONAL EE (\$)
1	(37 CFR (.1661)) Independent - U	2	Minus	<u> 70</u>	1		1		<u> </u>		OR.	×	=		-5(4)
1	Application Size Fee	97 CFR 1.16	(*))	4	<u></u>		1	, -	 		OR.	×			
•	FIRST PRESENTATION	OF MULTIPLE	PPENDEN	TCIANA COL	700	1.4600\	Γ								

4 If the entry in column 1 is tess than the entry in column 2, write '0' in column 3.

"If the "Highest Number Previously Paid For' (N THIS SPACE is tess than 20, enter '20'.

"If the "Highest Number Previously Paid For' (N THIS SPACE is tess than 30, enter '20'.

The "Highest Number Previously Paid For' (N THIS SPACE is tess than 30, enter '30'.

The "Highest Number Previously Paid For' (N THIS SPACE is tess than 30, enter '30'.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

JATOT

ADD'L FEE

Chief.

ADD'L FEE